

# FAX

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**ATTN.** Kamal B. Divecha

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**Fax Number** 1 571 273 8300

**Phone Number** 571 272 5863

**FROM** Volel Emile, Esq.

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**SUBJECT** Response to 1st Office Action (10/045,277)

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**Number of Pages** 18

**Date** 9/14/2005

**MESSAGE**

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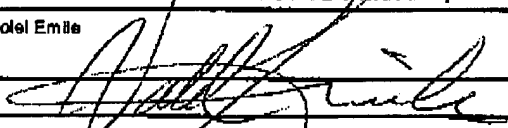
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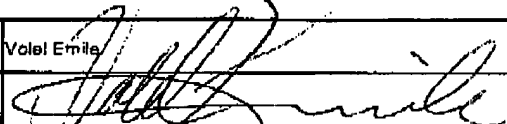
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PTO/SB/21 (02-04)  
Approved for use through 07/31/2006. OMB 0851-0031  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/045,277
	Filing Date	01/10/2002
	First Named Inventor	Faisal M. Awada
	Art Unit	2151
	Examiner Name	Kamal B. Dhvecha
Total Number of Pages in This Submission	Attorney Docket Number	AUS920010865US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Volei Emile	
Signature		
Date	09/14/2005	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volei Emile	
Signature		Date 09/14/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS920010865US1

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :  
Faisal M. Awada : Before the Examiner:  
 : Kamal B. Divecha  
Serial No: 10/045,277 :  
 : Group Art Unit: 2151  
Filed: 01/10/2002 :  
 : Confirmation No.: 4449  
Title: APPARATUS AND METHOD OF :  
SHARING A DEVICE BETWEEN :  
PARTITIONS OF A LOGICALLY :  
PARTITIONED COMPUTER SYSTEM :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

X No additional fee is required  
The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	8	MINUS	20	=	0	x 50 =	\$ 0.00
Indep.	4	MINUS	4	=	0	x 200 =	\$ 0.00
1st Presentation of Multiple Dep. Claim						x 360 =	\$ 0.00
						TOTAL	\$ 0.00

— Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **09-0447**. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR 51.47.

Respectfully submitted

By:

Volet Emile  
Registration No. 39,969  
(512) 306-7969

Appl. No. 10/045,277  
Amdt. dated 09/14/2005  
Reply to Office Action of 06/14/2005

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**SEP 14 2005**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Application of: :  
Faisal M. Awada :  
Serial No: 10/045,277 : Before the Examiner:  
 : Kamal B. Divecha  
 :  
Filed: 01/10/2002 : Group Art Unit: 2151  
 :  
Title: APPARATUS AND METHOD : Confirmation No.: 4449  
OF SHARING A DEVICE BETWEEN :  
PARTITIONS OF A LOGICALLY :  
PARTITIONED COMPUTER SYSTEM :

**AMENDMENT A**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of June 14, 2005,  
please amend the above-identified Application as shown  
below and consider the following Remarks.

**Amendment to the Specification** is on page 2 of this paper.  
**Amendment to the CLAIMS** begin on page 3 of this paper.  
**Remarks** begin on page 10 of this paper.

AUS920010865US1

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